(b) All the available channels withing the Government for dissemination of information are being used in the media campaign. This includes Doordarshan, Akashvani, Directorate of Field Publicity, Song & Drama Division and DAVP. It is further proposed to utilise all the other formal and non-formal communication channels in use for this purpose.

(c) All sections of the society are being covered under the programme and para-medical staff are also being trained in a phased manner in the States/UTs.

(d) It is too early to assess the impact of this programme.

(e) Approximately, an amonut of Rs. 75.61 crores has been kept earmarked for this purpose during the Eighth Plan period.

Criteria for Posting of Group 'D' Staff in CG.H.S. dispensaries

4727. SHRI SURESH PACHOURI: Will the PRIME MINISTER be pleased to state: (a) whether any time limit' criteria has been fixed for the stay or Posting of Night Chowkidars, Safaiwalas and Female Attendants posted in various dispensaries and units in C.G.H.S. South Zone, New Delhi at the dispensary or unit of their posting;

(b) if so, the post-wise details of the time limit fixed for the stay or posting of such staff and how many of them are continuing their overstay on the same post and at the same place as on date; and

(c) what steps Government propose to take to transfer such overstaying staff to do justice with other Groups 'D* staff of the dispensary/units of C.G.H.S. South Zone?;

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) to (c) Although no criteria of time limit has been fixed for transfer of para-medical and other Class IV staff in various CGHS dispensaries/units, they are generally tranferred on completion of 4 to 5 years at one place.

Transfer orders of approximately 40 staff have not been issued due to administrative exigencies.

Free Treatment for T.B. Patients

4728. SHRI KRISHAN LAL SHARMA: Will the PRIME MINISTER be pleased to refer to the answer to Unstarred Question 1522 given in the Rajya Sabha on 23rd March, 1995 and state:

(a) whether it is a fact that the medicines for treatment of T.B. which were once supplied free to the patients are now subject to levy of taxes making the treatment expensive and beyond the means of a common man;

(b) whether it is also a fact that the voluntary organisations engaged in providing less expensive treatment are not receiving the required medicines; and

(c) if so, what steps Governemnt are taking in the matter?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) No, Sir.

(b) No, Sir. The Voluntary Organisations registered under National Tuberculosis Control Programme are provided with their total requirement of anti T.B. drugs.

(c) Does not arise.

विश्व स्वास्थ्य संगठन से प्राप्त एच॰आई॰वी॰ परीक्षण किटों के संबंध में शिकायतें

4729. श्री अजीत जोगी:
श्री मूलचन्द मीणा:

क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को विश्व स्वास्थ्य संगठन से प्राप्त एच॰आई॰वी॰ परीक्षण किटों के नकारात्मक परिणामों के संबंध में कोई शिकायतें मिली हैं;

(ख) यदि हां, तो सरकार इस संबंध में जांच समिति गठित करने का विचार रखती है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में उप मंत्री (श्री पवनसिंह घाटोबार): (क) से (ग) विश्व स्वास्थ्य संगठन द्वारा खरीदी एवं सप्लाई की गई विशेष प्रकार की एच॰आई॰वी॰ किटों की गुणवत्ता के बारे में अनेक शिकायतें प्राप्त हुई थीं। इन शिकायतों की जांच करने हेतु एक उपसमिति नियुक्त की गई थी तथा उन्होंने शिकायतों में वास्तविकता पाई। परिणामतः उस प्रकार की किट की खरीद तब से बंद कर दी गई है।

(घ) प्रश्न नहीं उठता।

Rajasthan in the Grip of Malaria and Jaundice

4730. SHRI KRISHNA KUMAR BIRLA: Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned "Rajasthan facing another epidemic" as reported in Statesman dated the 3rd March, 1995;

(b) if so, whether the entire State of Rajasthan is in the grip of malaria and Jaundice;

(c) if so, whether the Union Government propose to provide any kind of assistance to the State Government to combat with the spreading diseases; and

(d) if so, the details thereof?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) Yes, Sir.

(b) No, Sir. It is not correct to say that the entire State of Rajasthan is in the grip of Jaundice. Similarly, reports regarding Malaria situation indicated that only western parts of Rajasthan has been affected by Malaria.

As per epidemiological investigation of Jaundice outbreak conducted by the National Institute of Communicable Diseases (NICD) during the last year at Sri Ganganagar District of Rajasthan, some villages of Hanumangarh sub-division were affected by jaundice caused due to consumption of contaminated water by the villagers.

(c) and (d) The National Institute of Communicable Diseases Procures diagnostic kits for viral hepatitis and distributes them to the 12 Regional Centres which are in operation in the country. Apart from these, NICD provides technical assistance for field investigations, control and containment of Jaundice outbreak. Further strengthening of Public Health System through nation-wide sanitation Programme, Diseases Surveillance System and Establishment of early warning signal mechanism has been under consideration of the Govt, concerning Malaria, the State Govt, has been given full support in terms of technical guidelines, insecticides, larvicides, drugs and Health Education material required for effective control of Malaria.

अतिसार के कारण मौतें

4731. श्री नरेश यादवः क्या प्रधान मंत्री यह बताने की कृपा करेंगे किः

(क) देश में अतिसार से मरने वाले बच्चों की संख्या कितनी है; और

(ख) सरकार द्वारा अतिसार की रोकथाम के लिए क्या कार्यवाही की जा रही है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री पवन सिंह घाटोबार): (क) 1992 में चुनिंदा राज्यों के ग्रामीण क्षेत्रों में भारत के महापंजीयक द्वारा किए गए सर्वेक्षण से पता चला कि 0-14 वर्ष के आयु वर्ग की सभी मौतों में से 7.64% मौतें अतिसार तथा अतिसार के कारण हुई थीं।

(ख) अतिसार के कारण होने वाली मौतों से बचने के लिए मुख्यीय पुनर्जलीकरण उपचार कार्यक्रम कार्यान्वित किया जा रहा है तथा ओ॰ आर॰एस॰ पैकेट सप्लाई किए जा रहे हैं। अतिसार के नियंत्रण के अन्य उपायों में शामिल हैं:— खानपान को बढ़ावा देना, स्वास्थ्य रोग प्रशिक्षण, स्वच्छ पेयजल की व्यवस्था, मानव मल का ठीक ढंग से निपटान, स्वास्थ्य शिक्षा तथा खाद्य एवं व्यक्तिगत स्वच्छता में सुधार करना।